

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
Estimated averag	ge burden
hours per respon	se16.00

Serial
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
8% Unsecured Notes and Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ oroe
Type of Filing: New Filing V Amendment	
A. BASIC IDENTIFICATION DATA	
. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Wiland Direct, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2950 Colorful Ave., Sulte 100 Longmont, CO 80503	303-485-8686
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Direct Marketing Database and Consulting Services	
	PROCESSED
Type of Business Organization	FIDUESOED
Al corporation	• • •
	OCT 1 8 2007
Month Year Actual or Estimated Date of Incorporation or Organization: 1 0 4 Actual Estin	nated TI 108 400 h
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	THOMSON
CN for Canada; PN for other foreign jurisdiction)	de Financial
GENERAL INSTRUCTIONS	
Rederal: Who Musi File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	clow or, if received at that address after the date of
The second secon	SAB

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

Information Required: A new fiting must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2. Buter the information re	-								
 Each promoter of t 									
									s of equity securities of the issuer
 Each executive off 	icer and direc	tor of corp	oorate Issuers and o	f corpo	rate general and ma	ınaging	partners o	f partne	ership issuers; and
 Each general and n 	nnaging part	ner of par	mership issuers.						
Check Box(es) that Apply:	Pramo	let 🗌	Beneficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Portner
Full Name (Last name first, i Phillip Wlland	f individual)					····			
Business or Residence Addre 2950 Colorful Ave., Suite				Code)					
Check Box(es) that Apply:	Promo	oter 📋	Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i Poter Kockines	f individual)								
Business or Residence Addre			et, City, State, Zip (Code)					
2950 Colorful Ave., Suite Check Box(cs) that Apply:	Promo		Beneficial Owner	· 🗆	Executive Officer	Z)	Director		General and/or Managing Partner
Full Name (Last name first, a Rick Russaw	if individual)								
Business or Residence Addre			et, City, State, Zip	Code)					
2950 Colorful Ave., Sulte	100 Longn	nont, CO	80503						
Check Box(es) that Apply:	Promo	oter _	Beneficial Owne	r 🛚	Executive Office	r 🗀	Director		General und/or Managing Partner
Full Name (Last name first,	if individual)	-		_					
Business or Residence Address	css (Numbe	er and Stre	et, City, State, Zip	Code)		•			
Check Box(es) that Apply:	Prom	oter [Beneficial Owne	я <u> </u>	Executive Office	т <u>Г</u>	Director	Ē	General and/or Managing Partner
Full Name (Last name first,	if individual))							
Business or Residence Addr	ess (Numbe	er and Stre	et, City, State, Zip	Code)				•	
Check Box(cs) that Apply:	Prom	oler [Beneficial Owne	r [Executive Office	ıı [Director		General and/or Managing Partner
Full Name (Last name first,	if individual)				-,-,-			
Business or Residence Adde	ess (Numb	er and Stre	eet, City, State, Zip	Code)					
Check Box(es) that Apply:	Prom	oter [Beneficial Owner	er [Executive Office	» [Director		General and/or Managing Partner
Full Name (Last name first,	if individual)							
Business or Residence Add	ress (Numb	er and Str	cci, City, State, Zip	Code)	· · · · · · · · · · · · · · · · · · ·				
	(1	Jse blank	sheet, or copy and t	ise addl	tional copies of thi	s sheet	, as necessi	ury)	

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	tha i	sener cold		e issuer in	tend to sel	l. to non-ac	credited in	vestors in	this offerin	ng?		Yes	No IX I
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?													
2. What is the minimum investment that will be accepted from any individual?								***************************************	\$_50,0	00.00			
2 Dog										Y¢s ☑	No □		
 Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an 									rectly, any	_	_		
com If a p	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states. List the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such												
a br	oker	or dealer,	you may se	t forth the	informati	on for that	broker or o	icaler only	·				
Full Nan	ne (L	ast name (īrst, if indi	vidual)									
Business	or R	esidence ,	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)					_	
Name of	Asso	ciated Br	oker or Dea	aler	·				<u></u>				
Ctates in	Whi	oh Darcon	Listed Has	Solicited	or Intends	to Solicit i	Purchasers	<u></u>					
			" or check								•••••	☐ All	States
·	_	AK	ΛZ	[AR]	ĈA	<u>co</u>	[CT]	DE	DC	FL	GA	HI	[ID]
AL IL		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
M'	_	NE	NV	NH	NJ	NM TUE	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA)
RI		SC	SD	TN	TX	[UT]	[<u>VT]</u>	<u> </u>					
Full Nar	me (L	ast name	first, if indi	ividual)									
Busines	s or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)		-				
Name of	f Ass	ociated Br	oker or De	aler								,	
States in	n Whi	ch Person	Listed Has	s Solicit e d	or Intends	to Solicit	Purchasers	-					
(Ch	neck '	'All States	" or check	individual	l States)	********		***************************************		***************		□ VI	States
AI		AK	ΑZ	AR	CA	CO	[CT]	<u>BE</u>	DC	FL	GA	HI	ID
<u>II</u>	_	IN	IA	KS	KY	LA	ME NY	MD NC	MA ND	MI OH	OK	MS OR	MO PA
M R		NE SC	NV SD	HM TN	[NJ]	NM UT	VT)	VA	WA	WV	WI	WY	PR
Full Na	me (I	ast name	first, if ind	lividual)									
Busines	Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
<u> </u>	_					<u>[co]</u>		DE	DC	FL	GA]	— [HI]	ID
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M	T	NE	NV	NH	NJ	NM Tree	NY	NC	ND WA	ЮH WV	OK WL	OR WY	PA PR
ΓR	u I	SC	SD	TN	TX	UT	∇T	VA	WA	[AA A]	_ ** L.]	177 1	

13	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	1,999,822.92	2	s 1,149,898.20
	Equity	177.08	_	\$ 101.80
	Common Preferred	·	_	
	Convertible Securities (including warrants)	:		\$
	Partnership Interests			
	Other (Specify)			\$
	Total	2,000,000.0	0	s 1,150,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Accessore
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	10	_	\$ 1,150,000.00
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)		_	s
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of Security		Dollar Amount Sold
	Type of Offering	~		c
	Rule 505			\$
	Regulation A			s
	Rule 504		-	\$ 0.00
	Total		-	3_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fccs			\$
	Printing and Engraving Costs			\$
	Legal Fees	[Z	s 10,000.00
	Accounting Fees		<u>Z</u>]	\$_5,000.00
	Engineering Fees	[\$
	Sales Commissions (specify finders' fees separately)	[\$
	Other Expenses (identify)	[\$
	Total			\$ 15,000.00

	C. OFFERING PRICE, NUMB	ier of investiors, expenses and use of	PROCEEDS	200
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — of proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross	3	\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross	1	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			. 🗆 \$
	Purchase of real estate		S	S
	Purchase, rental or leasing and installation of mac and equipment	hinery		
	Construction or leasing of plant buildings and faci			
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another		
	Repayment of indebtedness			
	Working capital		<u> </u>	\$ <u>1,985,000.00</u>
	Other (specify):		s	. [] s
			. 🗆 \$	\$
	Column Totals		\$ 0.00	\$ 1,985,000.00
	Total Payments Listed (column totals added)		_	,985,000.00
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sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Comm	ission, upon writt	ule 505, the following en request of its staff,
Iss	uer (Print or Type)	Signature /	Date	
	land Direct, Inc.	mil	October 2, 200	7
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Mik	e Gaffney	Chief Financial Officer		

 \mathcal{END}

· ATT	ENT	ION
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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)